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											Application or Docket Number						
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CLAIMS AS FILED - PART I (Column 1) (Column 2)										LL E	NTITY	0	R	OTHER SMALL E			
FO	R	Ţ	NUMBER FILED NUM			NUMBER E	XTRA	Γ	RATE	Ē	FEE	7	Γ	ŖATE	FEE		
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MULTIPLE DEPENDENT CLAIM PRESENT								ł	+130			7	Ì	+260=			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2											-	R		004		
	CLAIMS AS AMENDED - PART II											_ _	R	TOTAL	THAN		
	(Column 1) (Column 2) (Column 3)								SMALL ENTITY			0	R	OTHER THAN SMALL ENTITY			
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AMENDMENT B		CL/ REM/ AF	AIMS AINING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E .	ADDI- TIONA FEE			RATE	ADDI- TIONAL FEE		
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AMENDMENT C		AF	AINING TER DMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONA FEE	L		RATE	ADDI- TIONAL FEE		
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	The "Highest Num	nber Prev	riously Pai	d For" (Total o	or Inde	ependent) is the	e highest number	r fou	iṇd in th	е ар	propriate	box i	n co	lumn 1.	_		